

Rec'd PGT/PTO 25 JUL 2005  
10/519335

PTO/SB/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0022  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of  
Invention

NOVEL KCNQ POLYPEPTIDES, MODULATORS THEREOF, AND THEIR USES IN  
THE TREATMENT OF MENTAL DISORDERS

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or  
☒ Application No. PCT/EP2003/050246, filed on June 20, 2003,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: LAURENT CAVAREC

Signature: [Signature] Citizen of: FRANCE

Inventor two: ILYA CHUMAKOV

Signature: [Signature] Citizen of: FRANCE

Inventor three: BENOIT DESTENAVES

Signature: [Signature] Citizen of: FRANCE

Inventor four: CATHERINE GONTHIER

Signature: [Signature] Citizen of: FRANCE

☒ Additional inventors or a legal representative are being named on one additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01A (09-04)

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FULL NAME OF INVENTOR(S)

Inventor five: ISABELLE ELIAS

Signature: [Signature] Citizen of: FRANCE

Inventor six: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor seven: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor eight: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/519,335
Filing Date	December 22, 2004
First Named Inventor	Laurent Cavarec
Title	Novel KCNQ Polypeptides...
Art Unit	
Examiner Name	
Attorney Docket Number	G-194US03PCT

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557
-------

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

--

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Catherine Gonthier		
Signature			
Date	16 February 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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☐ The address associated with Customer Number:

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

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## **SIGNATURE of Applicant or Assignee of Record**

Name Laurent Cavarec

Signature 

Date 12-02-2005

Telephone

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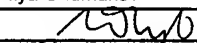
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
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Name	Ilya Chumakov		
Signature			
Date	16 07 05	Telephone	

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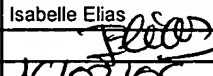
<input type="checkbox"/> Firm or Individual Name				
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Address				
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Name	Isabelle Elias		
Signature			
Date	16/02/05	Telephone	

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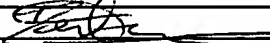
<input type="checkbox"/> Firm or Individual Name				
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Name	Benoit Deslenaves		
Signature			
Date	02-17-05	Telephone	

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